

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

ADDRESS (number and street) ▼

555 Capitol Mall, Suite 1425

☐ Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00556860

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 01 2015 through M M M / D D D / Y Y Y Y Y Y 12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rose OConnor

Signature of Treasurer

Rose OConnor

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y 01 25 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="8292.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39252.31"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="82197.00"/>	<input type="text" value="115680.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="121449.31"/>	<input type="text" value="123972.67"/>
7. Total Disbursements (from Line 31)	<input type="text" value="-28.12"/>	<input type="text" value="2495.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="121477.43"/>	<input type="text" value="121477.43"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27672.00	27672.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	27672.00	27672.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	54525.00	87022.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	82197.00	114694.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	986.27
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	82197.00	115680.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	82197.00	115680.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-28.12	745.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-28.12	745.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	500.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	1250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-28.12	2495.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-28.12	2495.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	82197.00	114694.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82197.00	114694.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	-28.12	745.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	986.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-28.12	-241.03

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial)
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties, Inc

Mailing Address 518 Garden Street

City	State	Zip Code
Santa Barbara	CA	93101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4039.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : INCA722

Amount of Each Receipt this Period

4039.00

B. Full Name (Last, First, Middle Initial)
Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City	State	Zip Code
San Jose	CA	95126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23633.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	03	/	2015

Transaction ID : IDTA44

Amount of Each Receipt this Period

23633.00

C. Full Name (Last, First, Middle Initial)
Planned Parenthood Advocates Mar Monte Political Action Committee

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23633.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	03	/	2015

Transaction ID : INCA721IDTA44

Amount of Each Receipt this Period

23633.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27672.00

27672.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : IDTA44

Received through intermediary Planned Parenthood Advocates Mar Monte PAC

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23048.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2015

Transaction ID : INCA716

Amount of Each Receipt this Period

16048.00

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23048.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2015

Transaction ID : INCA717

Amount of Each Receipt this Period

7000.00

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Advocates Mar Monte Candidate PAC

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 03 2015

Transaction ID : INCA720

Amount of Each Receipt this Period

7000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30048.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 10

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood of Orange and San Bernardino Counties Community Action Fund PAC

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27212.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : INCA719

Amount of Each Receipt this Period

7000.00

Full Name (Last, First, Middle Initial)

B. Planned Parenthood of Orange and San Bernardino Counties Community Action Fund PAC

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27212.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : INCA718

Amount of Each Receipt this Period

6562.00

Full Name (Last, First, Middle Initial)

C. Vote Planned Parenthood Northern California, a project of Planned Parenthood Northern CA

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10915.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2015

Transaction ID : INCA715

Amount of Each Receipt this Period

3915.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

17477.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 10

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Vote Planned Parenthood Northern California, a project of Planned Parenthood Northern CA

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10915.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 07 2015

Transaction ID : INCA714

Amount of Each Receipt this Period

7000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

54525.00